State Office of Rural Health

Program Objective:

The Office of Primary Care and Rural Health (PCRH) coordinates federal, state and local efforts aimed at improving the health of Utah's rural, medically underserved, and multi cultural residents. The PCRH works with communities that need assistance conducting needs assessments, recruiting health care professionals, grantwriting, identifying sources of funding and implementing other projects related to decreasing disparity and increasing access to primary care.

Short Description and Background:

Utah's first office of rural health was established in 1981. It is part of the PCRH within the Utah Department of Health. The PCRH began receiving State Office of Rural Health (SORH) funds in 1991. The PCRH's ongoing activities include the following: a) dissemination of information, resource development and technical

assistance, b) support to recruitment and retention, management of the FLEX/CAH program.

1) Rural Health Policy Development: The PCRH developed a State rural health policy, which has been embodied in the document "Utah's Vision for Rural Health Care: A Framework for Action." Rural representatives met at a statewide policy forum to develop the policy, which created the document. This document has been used by the Governor and the Utah Health Policy Commission to implement strategies and programs that pursue the vision. The Utah Area Health Education Centers (AHEC) Program and the Utah Telehealth Network (UTN) development are two of many implementation successes of "Utah's Vision for Rural Health Care."

2) Utah Telehealth Network: The PCRH, in partnership with the Utah AHEC at the University of Utah, developed a statewide Utah Telehealth Network (UTN) as a public domain system open to all health care

providers regardless of affiliation.

3) Rural Health Association of Utah Conference: The policy forum that produced "Utah's Vision for Rural Health Care: A Framework for Action" acted as the seed for the highly successful, Rural Health Association of Utah Conference. The PCRH, along with other partners, have helped plan, organize, and fund this conference.

4) Collaboration with Other Entities: The PCRH will continue to collaborate on grants and other projects with Utah's AHECs, local health departments, the State Primary Care Association, the University of Utah School of Medicine, Utah Issues, the Utah Hospital Association, the Utah Medical Association, the UTN, and other State of Utah government agencies.

Program Activities and Accomplishments:

Activities during the current year include the following: presentation of cultural competency workshops, grant writing and grant writing workshops, participation on the Migrant Coordinating Council and Migrant Head Start Health Services Advisory Committee, planning for the annual Rural Health Association of Utah conference, site visits to rural communities including recruitment and retention workshops, rural recruitment and retention through the Utah Health Care Workforce Financial Assistance Program and the J-1 Visa Waiver program, an assessment of the availability and accessibility of essential health care services in rural Utah and participation on the Utah Telehealth Commission. Additional activities include management of, or participation in, Federally-funded programs including the Rural Hospital Flexibility Grant/Critical Access Hospital Program, the Small Rural Hospital Improvement Grant Program (SHIP), and the Automated External Defibrillator Program.

Fiscal Implications:

The SORH provides services essential to health care in rural Utah. The program is funded by a federal grant from the Health Resources and Services Administration, with a \$3.00 to \$1.00 State to Federal match requirement. A lack of funding would affect important services such as recruitment and retention, community needs assessments, grant writing assistance, and other activities.

Contact:

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